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## **Shifting sands – The erosion of Higher Education provision in Mental Health Nursing**

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Mental health services in the National Health Service (NHS) and Higher Education Health Sectors are intrinsically linked and both are challenged by severe funding issues. Within NHS mental health nursing this issue is compounded by an aging workforce and increasing demands for services (planned and organic) and continuous resource efficiency/cost savings policy implementation e.g. the Carter Review of Efficiency in the NHS (2016). Historically, NHS mental health services have been able to address staffing shortages by recruiting internationally and by strategic engagement with its partners in the further and higher education sectors. However, the British exit (Brexit) from the European Union (June 2016) and the Chancellor's Autumn Statement (2015) has directly affected the funding relationship with the higher education sector and increased restrictions in relation to the criteria for issuing work visas which has affected the NHS's ability to recruit internationally.

The United Kingdom's departure from the European Union will have a major impact on both the entry of workforce and funding support for research – this could be clinical, engineering/scientific, all of which could impact on future healthcare delivery. The NHS had benefited enormously from having psychiatrists, doctors, mental health nurses and care workers from the EU working within the health service. There would be an impact if any EU citizens who work in the NHS chose to leave because of uncertainty over work visas if the UK left the EU. The British Exit from the European Union is likely to result in a period of considerable uncertainty for the UK. Whilst it will be some time before the full economic, political and social implications become clear, the impact that this will have on public finances and the funding of the NHS mental health services remains of grave concern.

The Autumn Statement has fundamentally altered the Higher Education Health Sector funding partnership model. It has transferred the axis of the relationship from the NHS to the students. The removal of bursaries and the payment of fees by the Treasury has resulted in students becoming financially responsible for their training. For the University sector, the student is now the direct consumer of its services. Students as consumers are more prepared to exercise their rights as owners of the service that they receive and are less tolerant of inefficiencies and ineptitude in the system that delivers it to them. It will drive up expectations as consumers inevitably expect the highest quality once directly paying for a service (both in terms of the service product and experience received). Students have always been concerned about quality pre self-funding, indeed self-funding will make students less tolerant of instances of poor quality teaching, administration, processes and systems. The Higher Education Health Sector will have to consider, to a higher degree than it has previously done, the career aspirations and trajectories of student consumers.

This is a paradigm shift both for Higher Education and NHS mental health services, particularly mental health nursing. The traditional relationship with NHS trusts in general

has been altered; they now clearly fall within the narrative of the market. Due to the nature of this change the infrastructure of the market has not been fully applied, both sectors are struggling to grasp that they have went from a command and control model to a very fluid market based model. But what does this mean for the students? Whilst strategically the focus will be on funding streams and organisational flexibility/responsiveness, at the micro-level the focus should be on how students will cope with the shortfall in bursaries and the changes in the system. Are they voting with their feet and heading for new career choices, removing themselves from mental health nursing careers and following new routes which offer funding and security? Or is it possible that we will watch our future mental health nurse struggling to be students within a system which causes them to manage serious financial burdens now and post-employment. How many of these will balk at the new cost implications causing them to renege from this system, leaving a shortfall in the future NHS mental health workforce?

For both sectors, the uncertainty of being able to recruit internationally exacerbates this situation. The prospect of the forthcoming implementation of the policy in relation to the issuing of international visas to key groups of health workers is equally significant. The application of this policy could herald a decline in student recruitment and exacerbate the staffing crisis that the NHS mental health nursing is currently facing. This clearly represents an expedient threat to both sectors.

Without the promise of injection of funding and additional resources, mental NHS mental health services will need to think smarter, seeking out ways to optimise its current resources and maximise their potential. The strategic thinking and delivery mechanisms will have to morph and shift to move to a new equilibrium which plays to the strengths of the existing system but offers a clear working direction, capability and capacity to move forward. It will have to explore the adoption of other options and routes to educate and train their workforce; those previously tried and tested in other sectors and now worth considering in this current climate. New innovative Information Communication Technologies may play a huge role in this plus the introduction of new education providers who bring their experience to the Higher Education Health Sector stakeholder network.

For both sectors (NHS mental health services and Higher Education), all of these issues will put these organisations under significant sustained strain. Both sectors will have to make serious strategic decisions; concerning points of delivery and types of delivery and recruitment. The NHS mental health nursing, the Higher Education Sector and the United Kingdom itself are facing challenges and hurdles which are not insurmountable but will be extremely challenging. Unfortunately, we do live in interesting times.

## References

Department of Health (2016) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations: An independent report for the by Lord Carter of Coles. Accessed: 27/06/2016. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)